

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-000003

STATE FILE NUMBER

DATE
FILED
AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 12

FILED JAN 22 1962

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Putnam	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville, Mo.		c. CITY OR TOWN Unionville R.D. 6	
Length of stay in 1b 3 weeks		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laynglin Hospital & Clinic Inc.		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Allen Caldwell		4. DATE OF DEATH Month Day Year 1 - 16 - 62	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 11-15-1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM		10b. KIND OF BUSINESS OR INDUSTRY Retired	
11. BIRTHPLACE (City and state or country) Gilby, North Dakota		12. CITIZEN OF WHAT COUNTRY America	
13a. FATHER'S NAME George Caldwell		13b. MOTHER'S MAIDEN NAME Catherine	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War I	
16. SOCIAL SECURITY NO.		17. INFORMANT A Paul Bradshaw Unionville, Mo. R.D. 6	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MASSIVE CORONARY OCCLUSION DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 2 min UNKNOWN	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) OLD CEREBRAL THROMBOSIS - FRACTURE L. HIP		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) FELL out of chair	
20c. TIME OF INJURY Hour a.m. p.m. 12-23-62	Month, Day, Year 12-23-62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME		20f. CITY, TOWN, OR LOCATION UNIONVILLE COUNTY MO	
21. I attended the deceased from 12-24-62 to 1-16-62 and last saw him alive on 1-16-62		Death occurred at 8:26 A m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Carl Langlin J.D.		22b. ADDRESS Kirkville, Mo.	
22c. DATE SIGNED 1-16-62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Jan. 18 1962		23c. NAME OF CEMETERY OR CREMATORY Unionville Cemetery	
23d. LOCATION (City, town, or county) Unionville, Mo.		24. FUNERAL DIRECTOR Comstock Funeral Home By J. W. Comstock	
25. DATE RECD. BY LOCAL REG. 1-19-1962		26. REGISTRAR'S SIGNATURE David W. Raliff	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

EARL LAUGHLIN, JR., D.O.

FEB 5 1962

JUN 15 1962
MAY 4 1962

FEB 21 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James W. Pomatoch

Licensed Embalmer No. 4187

P. O. Address Unionville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.